

## MONTHLY OPERATING REPORT

### CHAPTER 11

CASE NAME: Prevalence Health, LLC

CASE NUMBER: 09-02016 EE For Period October 1 to October 31, 2010

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Narrative (FORM 2-F)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 12/13/10  
(date)

Debtor(s)\*: Prevalence Health, LLC

By:\*\* H. K. Lefoldt

Position: Liquidating Trustee

Name of preparer: H. K. Lefoldt, Jr.

Telephone No. of Preparer 601-956-2374

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

### QUARTERLY FEE SUMMARY

MONTH ENDED October 31, 2010

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 499,937			
February	\$ 763,379			
March	\$ 601,386			
Total				
1st Quarter	\$ 1,864,702	\$ 6,500	61434	4/26/10
April	\$ 436,370			
May	\$ 567,203			
June	\$ 398,040			
Total				
2nd Quarter	\$ 1,401,613	\$ 6,500	61435	7/29/10
July	\$ 149,406			
August	\$ 87,482			
September	\$ 13,035			
Total				
3rd Quarter	\$ 249,923	\$ 1,950		
October	\$ 13,962			
November	\$			
December	\$			
Total				
4th Quarter	\$	\$		

### DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.



Regions Bank

Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00067801 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
CHAPTER 11 DEBTOR IN POSSESSION  
CASE NO#09-02016-EE  
ATTN H KENNETH LEFOLDT JR  
PO BOX 2848  
RIDGELAND MS 39158-2848

ACCOUNT # 0101894579

Cycle 001  
Enclosures 26  
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**COMMERCIAL ANALYZED CHECKING**

October 1, 2010 through October 29, 2010

**SUMMARY**

Beginning Balance	\$5.30	Minimum Balance	\$17-
Deposits & Credits	\$50.00 +		
Withdrawals	\$0.00 -		
Fees	\$23.00 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$32.30		

**DEPOSITS & CREDITS**

10/13	Deposit - Thank You	50.00
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**FEES**

10/12	Analysis Charge	09-10	23.00
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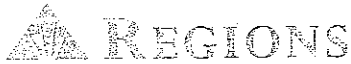
**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance
10/12	17.70-	10/13	32.30

You may request account disclosures containing  
terms, fees, and rate information (if applicable)  
for your account by contacting any Regions office.

For all your banking needs, please call 1-800-REGIONS (734-4667).  
or visit us on the Internet at [www.regions.com](http://www.regions.com).

Thank You For Banking With Regions!



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Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00057994 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
ATTN: H KENNETH LEFOLDT JR  
PO BOX 2848  
RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

Cycle 001  
Enclosures 27  
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**COMMERCIAL ANALYZED CHECKING**

October 1, 2010 through October 29, 2010

**SUMMARY**

Beginning Balance	\$371,624.82	Minimum Balance	\$369,174
Deposits & Credits	\$11,487.90 +		
Withdrawals	\$13,651.75 -		
Fees	\$286.91 -		
Automatic Transfers	\$0.00 +		
Checks	\$0.00 -		
Ending Balance	\$369,174.06		

**DEPOSITS & CREDITS**

10/04	Merchant Service Merch Dep Health Allianc 8003547554	40.00
10/06	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	381.10
10/06	Merchant Service Merch Dep Health Allianc 8003547554	50.00
10/07	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101002	973.68
10/12	Merchant Service Merch Dep Health Allianc 8003547554	93.30
10/14	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101009	4,005.14
10/15	Merchant Service Merch Dep Health Allianc 8003547554	50.00
10/18	Merchant Service Merch Dep Health Allianc 8003547554	103.90
10/20	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	9.69
10/21	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101016	2,396.61
10/25	Merchant Service Merch Dep Health Allianc 8003547554	18.00
10/27	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	337.64
10/28	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949101023	2,717.78
10/29	Deposit - Thank You	311.06
Total Deposits & Credits		\$11,487.90

**WITHDRAWALS**

10/04	Merchant Service Merch Fee Health Allianc 8003547554	78.79
10/13	Bank Debit	50.00
10/18	Pitney Bowes Postage Debtor IN Poss 42906255	200.00
10/29	Regions Bank Acct Trans MS364174656 Ccooley	13,322.96
Total Withdrawals		\$13,651.75

*SAFE  
HOLD*

**FEES**

10/12	Analysis Charge	09-10	286.91
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REGIONS

Regions Bank

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Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201

PREVALENCE HEALTH LLC  
ATTN: H KENNETH LEFOLDT JR  
PO BOX 2848  
RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

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REGIONS	CHECKING DEBIT	Date: 10/13/10
To: Jackson, MS 39201 \$50.00		
Check Number: 4117	Amount: \$50.00	Signature: [Signature]
Teller Name: [Name]	Customer: Prevalence Health	NAME: [Name]
NAME: [Name]	ACCOUNT: [Account]	ACCOUNT: 9001277993
Original: [Original]	Pay to: Customer	Amount: \$50.00
⑆5000⑉0006⑆ 9001277993⑆ 58 ⑆0000000000⑆		

Check# 0 10/13/2010 \$50.00



Jackson 210 E Capitol ST Main  
210 East Capitol Street  
Jackson, MS 39201



00070830 01 AV 0.335 001  
PREVALENCE HEALTH LLC  
PO BOX 321444  
FLOWOOD MS 39232-1444

ACCOUNT # 0121078971

Cycle 001  
Enclosures 26  
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**BUSINESS MONEY MARKET**  
July 1, 2010 through September 30, 2010

**SUMMARY**

Beginning Balance	\$938,203.32	Minimum Balance	\$938,681
Deposits & Credits	\$0.00 +	Average Balance	\$938,681
Net Interest Earned	\$709.70 +	Annual Percentage Yield Earned	0.30%
Withdrawals	\$0.00 -	Interest This Period	\$709.70
Fees	\$0.00 -	Average Collected Balance	\$938,439.74
Automatic Transfers	\$0.00 +	2010 YTD Interest	\$4,383.54
Checks	\$0.00 -		
Ending Balance	\$938,913.02		

**INTEREST**

07/30	Interest Payment	231.37
08/31	Interest Payment	246.85
09/30	Interest Payment	231.48
Total Net Interest		\$709.70

**DAILY BALANCE SUMMARY**

Date	Balance	Date	Balance	Date	Balance
07/30	938,434.69	08/31	938,681.54	09/30	938,913.02

**AMENDMENT TO REGIONS FUNDS AVAILABILITY  
POLICY: DEPOSITS MADE BEFORE 4:00 P.M.  
(OR AT OTHER TIMES AS MAY BE DISPLAYED)  
ON A BUSINESS DAY THAT WE ARE OPEN WILL  
BE CONSIDERED TO BE DEPOSITED ON THAT  
DAY. OTHER NEW DEPOSIT AGREEMENT TERMS  
ARE ALSO IN EFFECT. GO TO  
REGIONS.COM/AGREEMENTS, VISIT ANY  
REGIONS BRANCH OR CALL 1-800-REGIONS  
FOR DETAILS OR A COPY OF TERMS.**

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or visit us on the Internet at [www.regions.com](http://www.regions.com).

Thank You For Banking With Regions!